

Name
in
Full

Sallie C. Armiger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Huntingtown* ^{County} *Calvert* **MARYLAND**

Date of death 1909 ^{Month} *June* ^{Day} *18* ^{Years} *38* ^{Months} *0* ^{Days} *0*

Sex *Female* Color or Race *White* Birth-place *Cal. Co.*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *John D. Armiger*

Father's Name *Walter S. Hinman* Father's Birthplace *Conn.*

Mother's Maiden Name *Julia Hopkins* Mother's Birthplace *Harford Co.*

Name of person giving Information *Benj. Harris* How related to deceased *Brother in law*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* How long *2 yrs.*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *Yes*

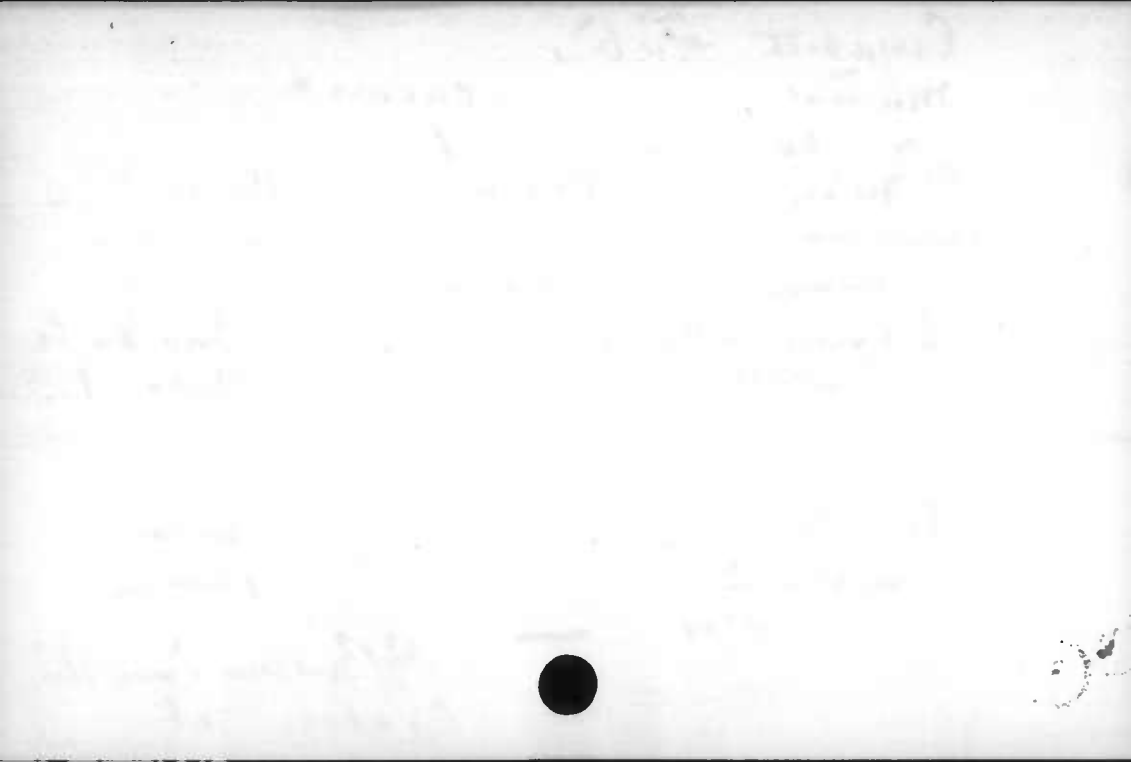
Signature of Physician

Address

*J. W. Leitch**Huntingtown Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Trayin* Town*Calvert* County

MARYLAND

Date of death *1909 June*

Month

Day

Age

Years

Months

Days

Sex *Male*Color or Race *White*Birth-place *Calvert Co md*Occupation *None*Where Residing if not
at place of deathMarried, Single or Widowed *Single*Name of Wife or
HusbandFather's Name *Daniel R Barrett*Father's Birthplace *Calvert Co md*Mother's Maiden Name *Annie T. Allen*Mother's Birthplace *Calvert Co md*Name of person giving
In formation *Annie T. Barrett*How related
to deceased *Mother*

CAUSES OF DEATH

151

Primary *Premature Birth*How long *2 hours*

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr J Chambers md*

Address

Lusby Calvert Co md~~Accident or Suicide?~~



Name
in
Full

Elizabeth E. B. B.

CERTIFICATE OF DEATH

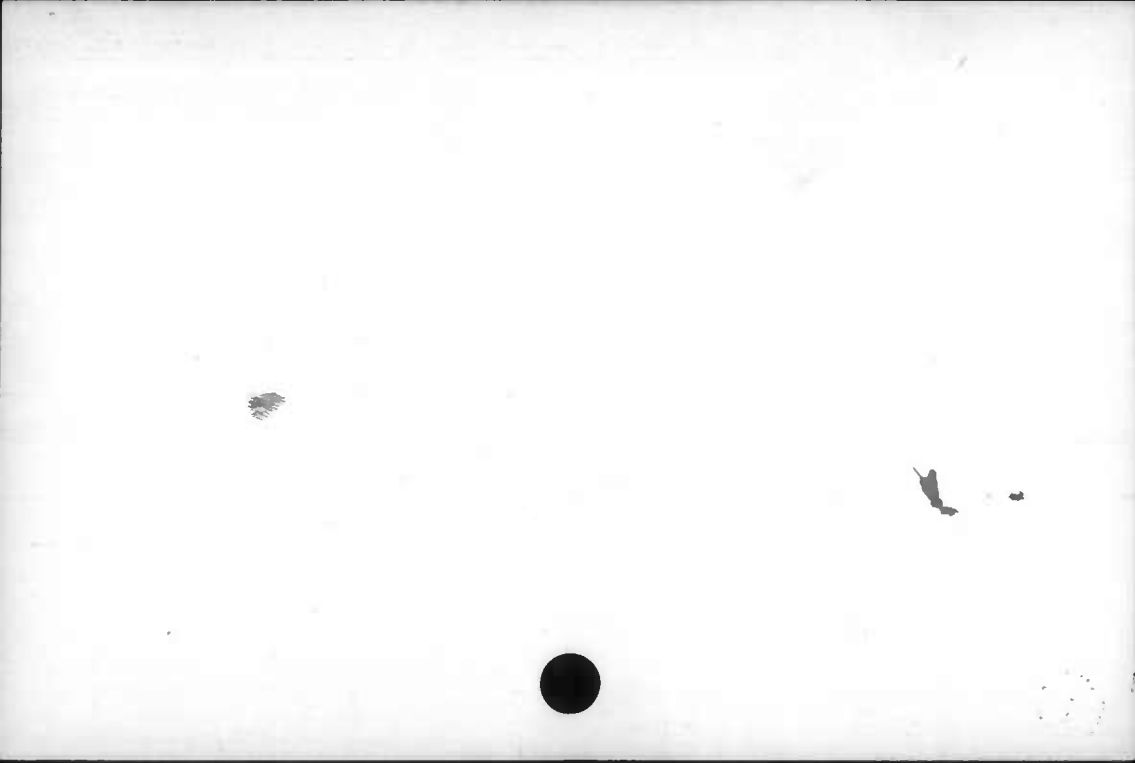
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Middletown		County Calvert		MARYLAND	
Date of death		1909	Month 20	Day June	Age 1	Months	Days
Sex Female		Color or Race Caucasian		Birth-place Calvert Co			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name Sidney Cook		Father's Birthplace Prin Geo. Co					
Mother's Maiden Name Elizabeth King		Mother's Birthplace Calvert					
Name of person giving Information		How related to deceased 105					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	How long Two weeks
Immediate Pneumonia	How long 1 week
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of R. B. B. B.
	Address Middletown Md
Accident or Suicide	



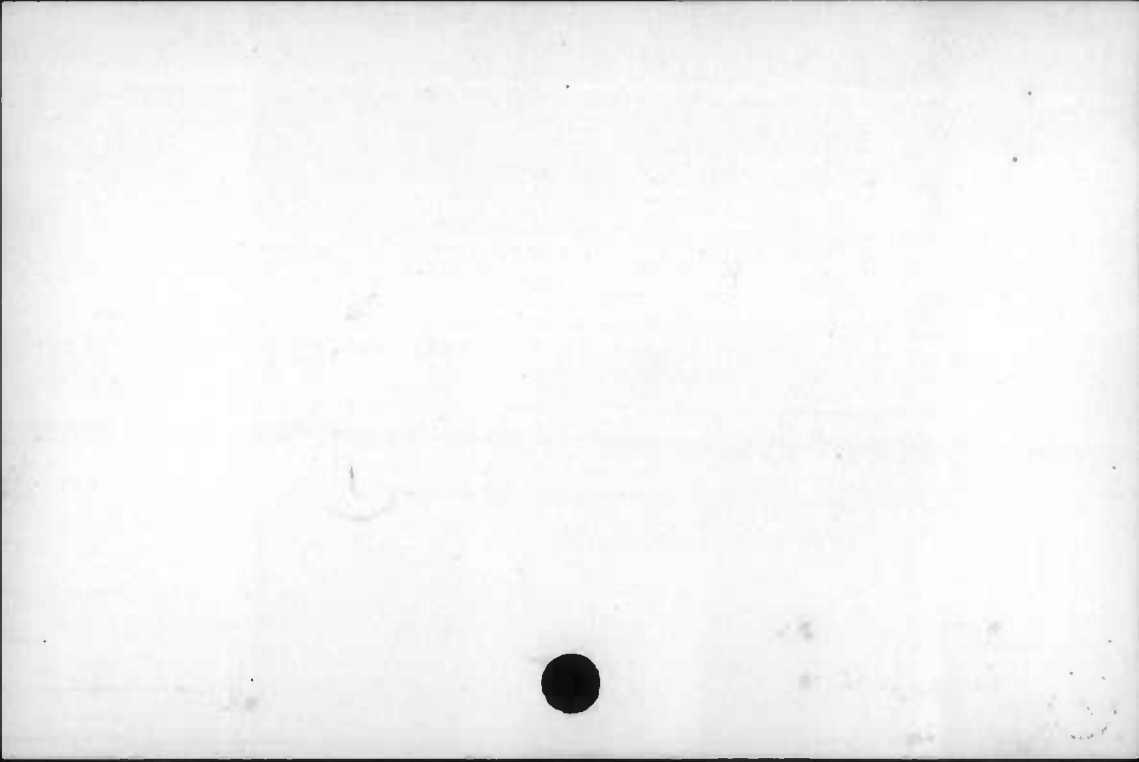
Name in Full Ralph Sylvester Gohh		CERTIFICATE OF DEATH	
Died at Trayn . Town Calvert County		MARYLAND	
Date of death 1909 June 28 Month Day		Age — Years Months 10 Days 27	
Sex male Color or Race white		Birth-place Calvert Co md	
Occupation —		Where Residing if not at place of death —	
Married, Single or Widowed Single		Name of Wife or Husband —	
Father's Name Amos Gohh		Father's Birthplace Calvert Co md	
Mother's Maiden Name Edna Coster		Mother's Birthplace Baltimore md	
Name of person giving information Amos Gohh		How related to deceased Father	
CAUSES OF DEATH			
Primary Enteric Colitis		How long 6 days	
Immediate Exhaustion		How long —	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Geo F Chambers md	
		Address Lucy Calvert Co md	
Accident or Suicide? —			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

105



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lo. Marlboro</i> ^{Town}		<i>High</i> ^{County} <i>Calvert</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>June</i>	Day <i>22</i>	Age <i>9</i>	Months <i>9</i>
Sex <i>Male</i>	Color or Race <i>African</i>		Birth-place <i>Calvert Co.</i>		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —			
Father's Name <i>Clara Leigh</i>		✓		Father's Birthplace <i>Cal. Co.</i>	
Mother's Maiden Name <i>Mary Ross</i>				Mother's Birthplace " "	
Name of person giving information <i>Clara Leigh</i>				How related to deceased <i>father</i>	

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Portia's</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Hinman</i>
	Address <i>Lo. Marlboro, Md.</i>
Accident or Suicide?	

The above is a list of the
 names of the persons who
 have been appointed to
 the various committees
 of the Board of Directors
 of the City of New York
 for the year 1890.

Name
in
Full

Thomas Horrold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hand Creek ^{Town} Calvert ^{County} **MARYLAND**

Date of death 190 9 ^{Month} Jan ^{Day} 21 Age 72 ^{Years} 0 ^{Months} 0 ^{Days}

Sex Male Color or Race Colored Birth-place Calvert Co

Occupation Farmer Where Residing if not at place of death

Married, Single Married Name of Wife or Ellie Horrold
~~Widowed~~ ~~Husband~~

Father's Name Oliver Horrold Father's Birthplace Calvert Co

Mother's Maiden Name Sidney Robinson Mother's Birthplace Calvert Co

Name of person giving Information Thomas Bourne How related to deceased Nephew

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary Some decay How long 2 years

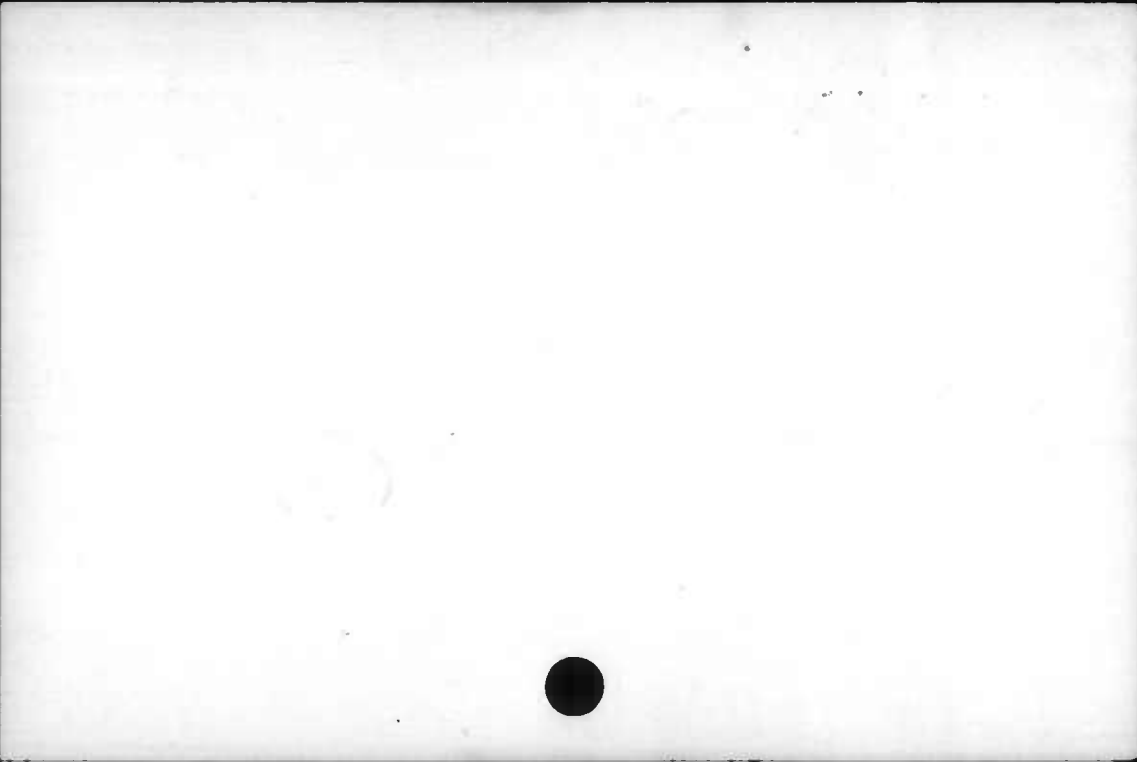
Immediate Colobis - 2 How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. Bourne

Address Smithville, Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

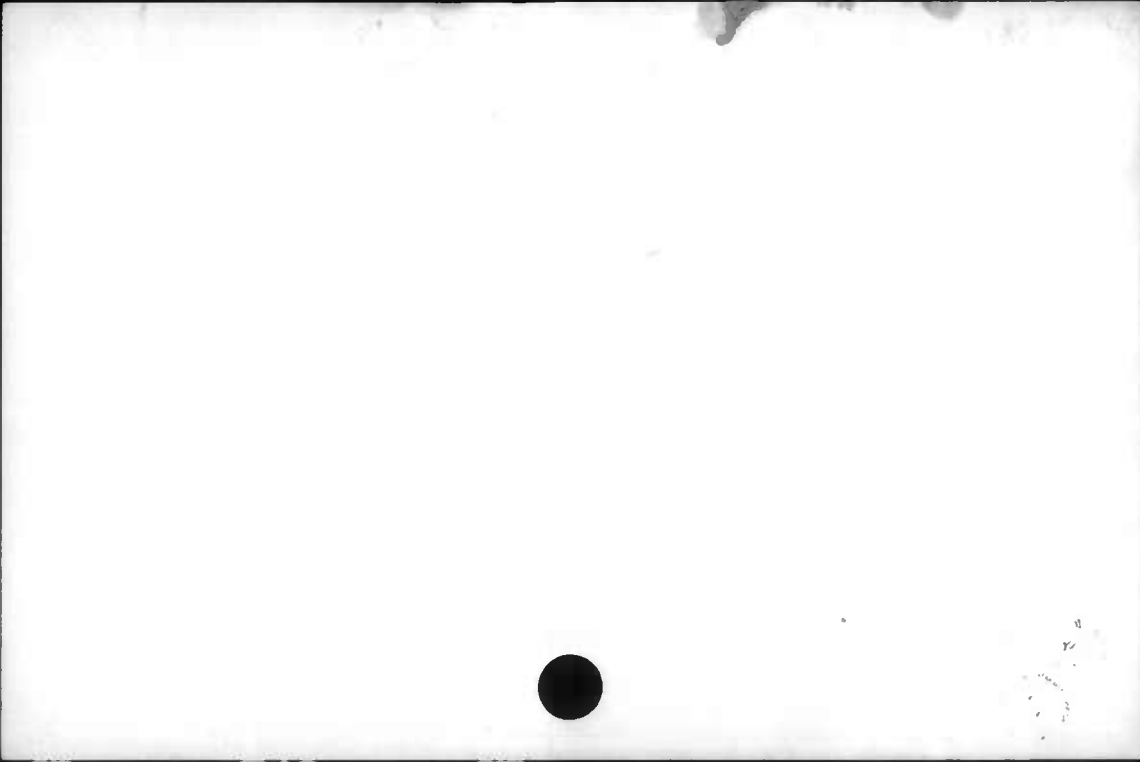
TO BE ANSWERED BY
NEAREST FRIEND

Name *Infant. Jefferson.* Town *Chesapeake Beach* County *Calvert*
 Died at *Chesapeake Beach* *Calvert* *MARYLAND*
 Date of death 190 *9* Month *June* Day *18* Age *—* Years *—* Months *—* Days *—*
 Sex *Male* Color or Race *Colored* Birth-place *Ches. Beach Md.*
 Occupation *None* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *Wilson Jefferson* Father's Birthplace *Willoms Md.*
 Mother's Maiden Name *Mary Jones* Mother's Birthplace *Blum P. Md.*
 Name of person giving Information *Wilson Jefferson* How related to deceased *Father*

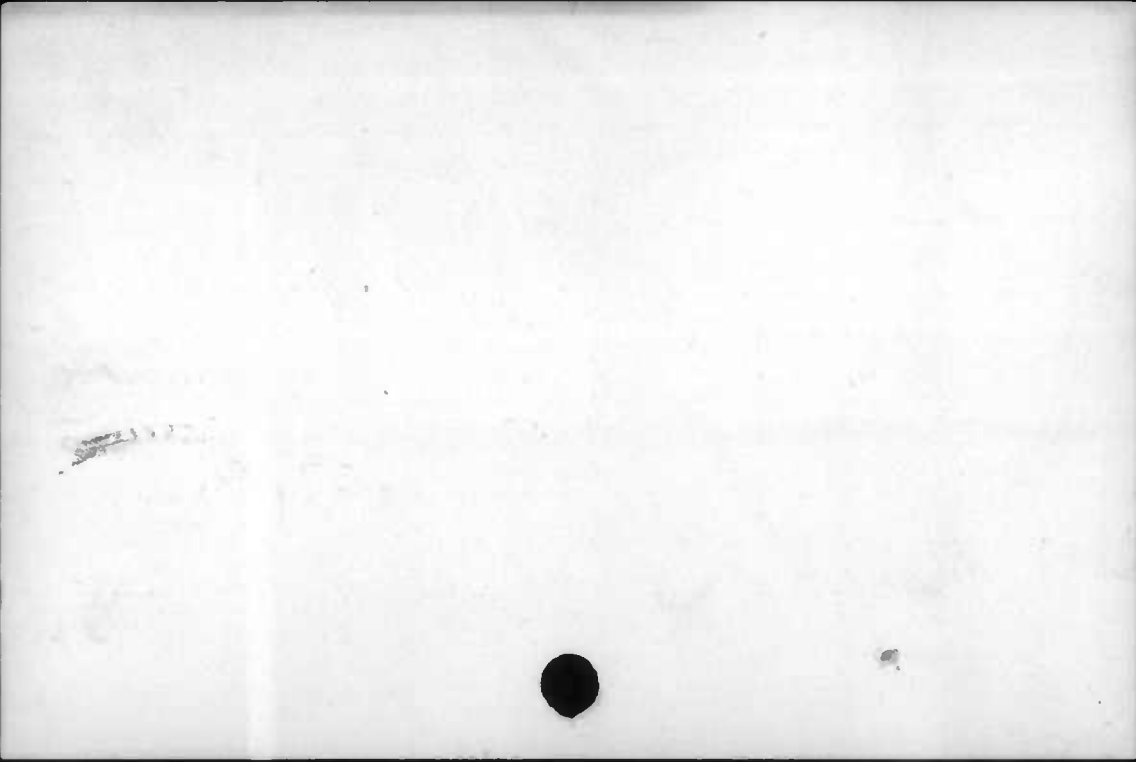
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still-Born.* *How long*
 Immediate *—* *How long*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *W. H. Talbot*
 Address *Ches. Beach Md.*
 Accident or Suicide *—*



Name in Full Sarah Morgan		Town Brown Island		County Calvert		CERTIFICATE OF DEATH MARYLAND	
Died at		Date of death		Age		Months	
		1909 June 8		43			
Sex Female		Color or Race White		Birth-place Calvert Co.			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Edwin Morgan					
Father's Name Richard Garner		Father's Birthplace Calvert Co					
Mother's Maiden Name Ann Elizabeth Ramsey		Mother's Birthplace Calvert Co					
Name of person giving information Benj. Garner		How related to deceased Brother					
		CAUSES OF DEATH					
Primary Tuberculosis -		How long 6 wts					
Immediate Asthma		How long one "					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician R. Brown MD		Address Murhat			
Accident or Suicide? 1							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mary Emily Norfolk*

Town

County

Died at *Huntingtown**Calvert*

MARYLAND

Date

of death

1909 June

Month

Day

Age

Years

Months

Days

7 21 8

Sex

*Female*Color or
Race*white*Birth-
place*Pr. Geo. Co. Md.*

Occupation

*House wiper*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Thos. R. Norfolk*Father's
Name*Not known*Father's
Birthplace*unknown*Mother's
Maiden Name*"**"*Mother's
Birthplace*unknown*Name of person giving
Information*J. Frank Norfolk*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Intra Cranial Hemorrhage

How long

3 months

Immediate

Paralysis & exhaustion

How long

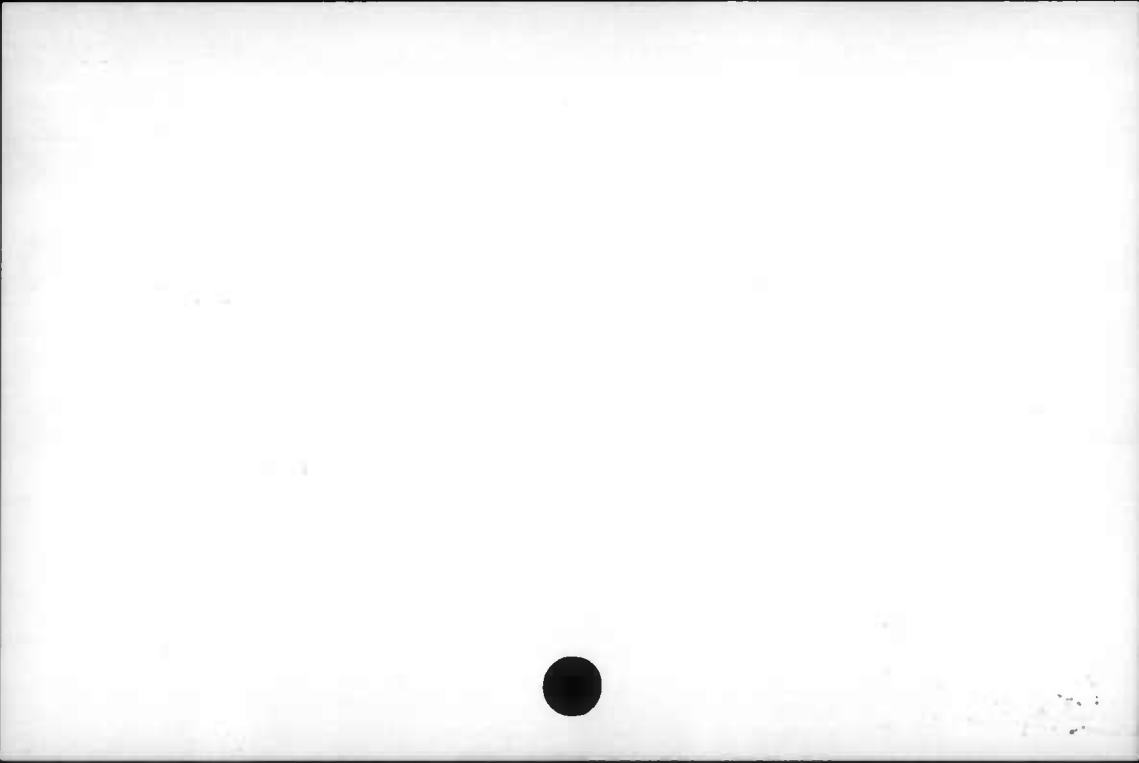
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. W. Leitch*

Address

Huntingtown

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Odie Stimmitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Willam Town Calvert County MARYLAND

Date of death 1909 Month June Day 20 Age 1 Years Months 8 Days

Sex male Color or Race white Birth-place Cal. Geo.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Charlie Stimmitt

Father's Birthplace

Cal. Geo.

Mother's Maiden Name

Lenny Fowler

Mother's Birthplace

" "

Name of person giving Information

Odie Stimmitt

How related to deceased

Grandfather

CAUSES OF DEATH

105

How long

3 weeks

How long

PHYSICIAN
OR CORONER

1

Primary

Gastro Enteritis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

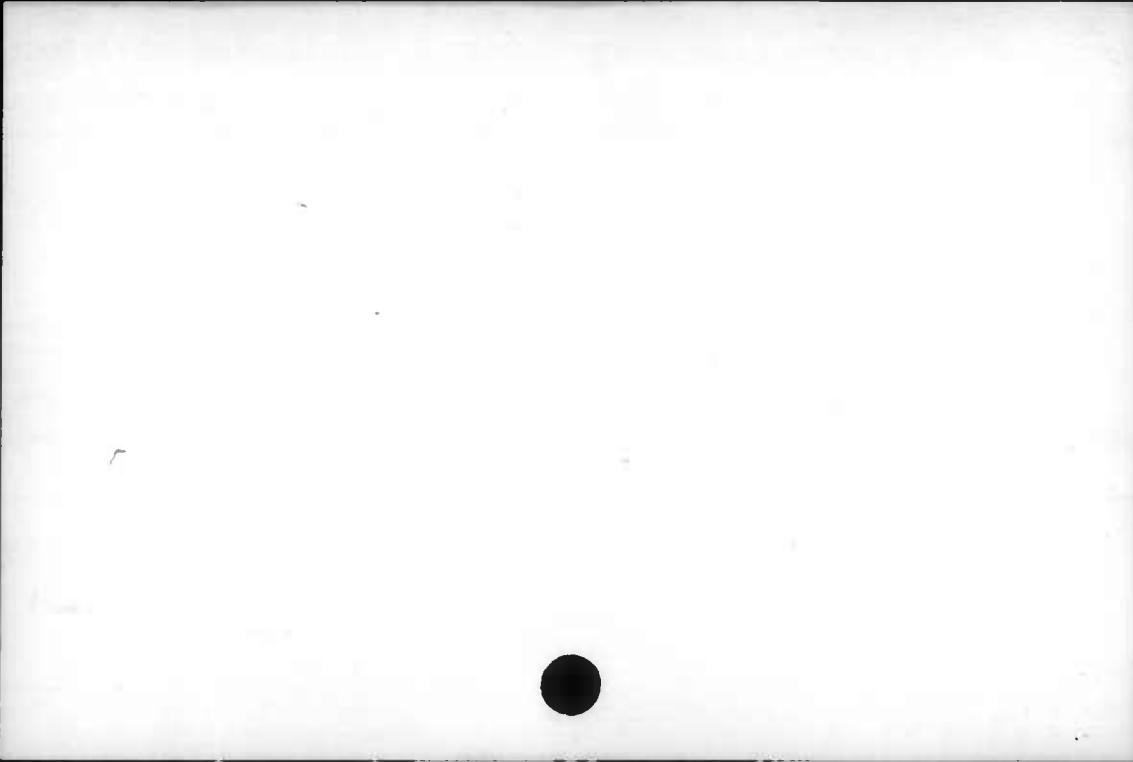
Signature of Physician

J. W. White

Address

Huntington
Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

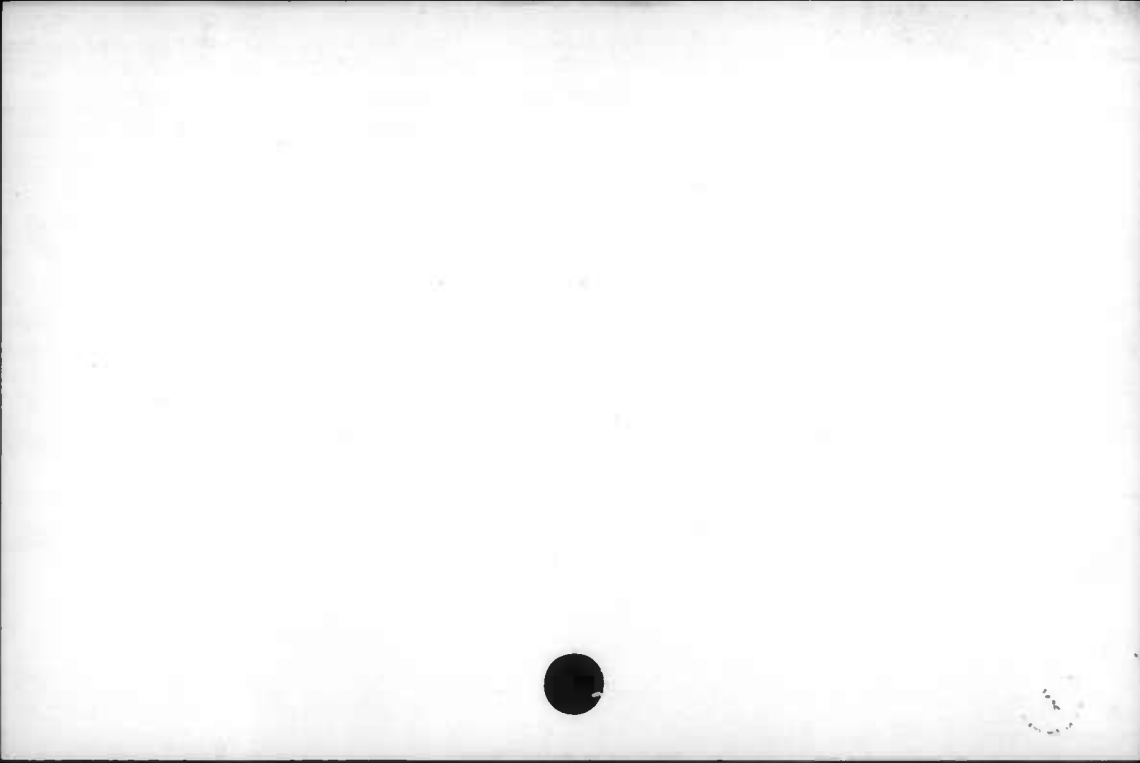
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Whittington, Marie</u>		Town <u>Dunkirk</u>		County <u>Cabot</u>		MARYLAND	
Date of death	1909	Month	June	Day	4	Age	<u> </u>
Sex	Female	Color or Race	colored	Months	3	Days	<u> </u>
Occupation	<u> </u>			Birthplace	Dist. Columbia		
Where Residing if not at place of death				<u> </u>			
Married, Single or Widowed	Single		Name of Wife or Husband <u> </u>				
Father's Name	John Whittington					Father's Birthplace	Cabot Co. Md.
Mother's Maiden Name	Elizabeth Jones					Mother's Birthplace	Cabot Co. Md.
Name of person giving Information	John Whittington					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Also Coritis	How long	105
Immediate		How long	6 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. P. McChannery, M.D.
		Address	Channery, Md.
Accident or Suicide			



Name
in
Full

Matilda Catherine Wilks

CERTIFICATE OF DEATH

Died at Cove ^{Town} Calvert ^{County}

MARYLAND

Date of death 1909 June 20 Age — Years 1 Months 2 Days

Sex Female Color or Race white Birth-place Calvert Co md

Occupation woman Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Andrew M Wilks

Father's Birthplace Calvert Co md

Mother's Maiden Name Ida M Thomas

Mother's Birthplace Calvert Co md

Name of person giving information Ida M Wilks

How related to deceased mother

CAUSES OF DEATH

Primary Gastric Enteritis

How long 2 days

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Dr. F. Chamber MD
Lusby Calvert Co md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

